150M - 148 - 0872

FEC

4170 DELIVERED

STATEMENT OF **ORGANIZATION**

RECEIVED

2015 JAN 27 PM 3: 28

FORM 1	ORGANIZA	ATION	FEC MAIL CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
The Peter Norbeck Lea	dership PAC		
ADDRESS (number and street)	Post Office Box 477		
(Check if address is changed)		<u></u>	
	Pierre CITY A		SD 57501 - ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	PeterNorbeckPAC@	GMail.com	
<u> </u>	Optional Second E-Mail Ad Tim@KochAndHoos		·
COMMITTEE'S WEB PAGE AI (Check if address is changed)	DDRESS (URL)		
2. DATE 01 1	5 2015		
3. FEC IDENTIFICATION N	NUMBER ▶ [C]		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	rer Robert Gray		
Signature of Treasurer	Estert D	7	Date 01 15 2015
NOTE: Submission of false, erro		may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	PEL-EURIVI I

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FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Conformation below.)	omplete the candidate
Name of Candidate		
Candidate Party Affiliat	on Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political A	action Committee (PAC):	,
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candida	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

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	FEC FORM 1 (Hevised (12/2009)				rage 3	_
W	rite or Type Committee Name						_
Tl	he Peter Norbeck Leade	ership PAC		·			
6.	Name of Any Connected C	rganization, Affilia	ited Committee, Joi	int Fundraising R	epresentative,	or Leadership PAC Sponsor	_
١T	he Honorable Mike Ro	unds	1 1 1 1		1 1 1 1 1		1
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L_		Doot Officed P	h-12#0	<u> </u>	- 		
	Mailing Address	Post Office B	0x 230				
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		Pierre	<u> </u>		[SD]	57501 -	L
			CITY		STATE	ZIP CODE	
	Relationship: Connected	Organization	Affiliated Committee	Joint Fundrais	ing Representa	tive X Leadership PAC Sponso	or
				at the	-		_
' .	Custodian of Records: Ider books and records.	itify by name, addre		optional) and po	sition of the pe	erson in possession of committe	e
			4 - 41,4		•		
	Full Name Melissa	Hull					⅃
	Mailing Address	Post Office Be	φ x 47 /7				╛
							╝
		Pierre	<u> </u>		SD	57501 -	╛
	Title or Position		CITY		STATE	ZIP CODE	
	Custodian of Records		1111	Telephone i	number 60	5 - 494 - 2026	╛
B.	Transurer List the same on	d addrass (abons a	umber entional) o	f the transverse of	*ha aa:#aa	and the name and address of	_
J.	any designated agent (e.g.,		umber optional) o	i the treasurer of	me committee;	and the name and address of	
	Full Name of Treasurer Robert	Grav		•			1
	of Treasurer ROBERT	<u> </u>	477				<u>ل</u>
	Mailing Address	Post Office B	$0x_14/7$				╛
							⅃
		Pierre 1 1 1			[SD]	57501	J
	Title or Position		CITY		STATE	ZIP CODE	
	T _r easurer			Telephone r	number [60	5 - 494 - 2026	

Full Name of Designated Agent	Robert Skjonsberg									
Mailing Address	Post Office Box 477									
	Pierre, , , , , , , , , , , , , , , , , ,	SD	57501							
	CITY	STATE	ZIP CODE							
Title or Position										
Assistant Tr	reasurer	number 60	5 - 494 - 2026							
safety deposit b	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.									
	First National Bank									
Mailing Address	Post Office Box 730	لسليلسا								
	Pierre, , , , , , , , , , , , , , , , , ,	J [SD]	57501							
	CITY	STATE	ZIP CODE							

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

Mailing Address	L		 	_1_		١	ً	1		i	1				 ·		ı.	1	1	1			 				L	L		
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Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
PREPARER	1/27/15 DATE PREPARED
(8/2013)	